

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

FILED
FEB 08 2013
KRIS W KOBACH
SECRETARY OF STATE
COMMITTEE

(See Reverse Side For Instructions)

This is a (check one)	<input checked="" type="checkbox"/> Party Committee	<input type="checkbox"/> Political Action Committee
This is an (check one)	<input type="checkbox"/> Initial Statement	<input checked="" type="checkbox"/> Amended Statement

(PLEASE TYPE OR PRINT)

Name Kansas Republican State Party

Mailing Address (Street, City, State, Zip Code)
P.O. Box 4157, Topeka, KS 66604

Business Telephone
(785) 234-3456

CHAIRPERSON

Name Kelly Arnold

Home Telephone
(316) 648-5002

Mailing Address (Street, City, State, Zip Code)
11615 W 17th St. N, Wichita, KS 67212

Business Telephone
(316) 660-9222

TREASURER

Name T.C. Anderson

Home Telephone
(785) 272-5850

Mailing Address (Street, City, State, Zip Code)
2334 SW Mayfair Place, Topeka, KS 66611

Business Telephone
(785) 249-0810

AFFILIATED OR CONNECTED ORGANIZATIONS

Name

Mailing Address (Street, City, State, Zip Code)

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

SIGNATURE:

"I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor."

1/31/13
(Date)

[Signature]
(Signature of Chairperson)